

REQUEST FOR FAMILY AND MEDICAL LEAVE
Families First Coronavirus Response Act (FFCRA) Addendum

Reason employee is unable to telework: _____

Emergency Family & Medical Leave Expansion Act (EFMLEA)

Eligible Reason:

School Closure _____ Day Care Closure _____ Other (please list) _____

Name of School/Day Care: _____

Age(s) of Impacted Dependent(s): _____ Verification Submitted? Yes _____ No _____

Verification Type:

School Closure Notification: Form Letter _____ Official Email _____ Public Notice _____

Day Care Closure Notification: Form Letter _____ Official Email _____ Public Notice _____

I certify that no other person will be providing care for my child(ren) during the period for which I am receiving Family Medical Leave.

Emergency Paid Sick Leave (EPSLA)

Eligible Reason:

<input type="checkbox"/>	1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 (please note that the Mayor's current stay-at-home order is not quarantine or isolation order);
<input type="checkbox"/>	2. has been advised by a health care provider to self-quarantine related to COVID-19;
<input type="checkbox"/>	3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
<input type="checkbox"/>	4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
<input type="checkbox"/>	5. is caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19; or
<input type="checkbox"/>	6. is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Verification Submitted? Yes _____ No _____

Verification Type: Government Quarantine Order _____ Health Care Provider's Note related to COVID-19 _____

Name: _____ Emp ID: _____

Department: _____ Date: _____

Name of School/Day Care: _____ Age of Impacted Dependent: _____